### Table 2 When to Refer to an Occupational Therapist

<table>
<thead>
<tr>
<th>Challenge category</th>
<th>Types of interventions provided by an occupational therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity-related comorbidities that affect ADLs</td>
<td>• Educate clients on self-management of associated conditions (e.g. cardiovascular disease, diabetic neuropathy, dysphagia, osteoarthritis, obstructive sleep apnea, skin conditions, lymphedema).</td>
</tr>
</tbody>
</table>
| Mental health                                           | • Apply psychosocial interventions to address the functional impact of mental health disorders on emotions, thoughts and behaviours.  
• Support positive body image.                           
• Facilitate social engagement through enhancing social skills or participating in leisure activities.  
• Enable clients to optimize time use through developing routines. |
| Energy management                                       | • Coach clients on how to increase energy expenditure or how to manage limited energy (e.g. self-care, leisure, shopping, work).  
• Promote energy management for physical activity.         |
| Education and skill building                            | Collaborate with and coach clients to build skills in the areas of:  
• Meal planning and food preparation;                      
• Occupational and life balance;                           
• Occupational engagement;                                 
• Pain management;                                          
• Physical activity;                                        
• Skin care management;                                     
• Sleep hygiene and positioning; and                        
• Stress management.                                        
• Time management                                           |
| Environment                                             | • Identify and address home accessibility barriers  
• Identify and address barriers to accessing community resources  
• Adapt the task or environment to facilitate occupational engagement (e.g. positioning, assistive devices, space organization). |
| Equipment                                               | • Assess for and recommend assistive devices (e.g. self-care aids, mobility aids, abdominal supports)  
• Provide education on appropriate footwear or need for orthotics. |
| Consultation and advocacy                               | • Consult with and coordinate referrals to other healthcare providers or specialists  
• Advocate for support funding and purchase of assistive devices, participation in community programs, access to community resources. |

Adapted from *Helping Adults with Obesity with Functional Challenges: Tips on Referring to Occupational Therapy* developed by the Alberta Health Services Provincial Bariatric Resource Team.